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# **Mental Health Planning & Advisory Council**

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**Vision**  
*Plan, Advocate, Evaluate*  
**Mission**

*To advocate for a system that supports persons impacted by mental disorders on their journeys to achieve the highest quality of life possible by promoting evidence-based, cost-effective, individualized mental health services.*

Gil Thurston, Chair  
500 S. State St. A  
Bellingham, WA 98225  
(360) 733-1117

February 26, 2003

TO: INTERESTED PERSONS

FROM: WASHINGTON STATE MENTAL HEALTH PLANNING AND  
ADVISORY COUNCIL

SUBJECT: **NOMINATIONS FOR CHILDREN AND YOUTH MENTAL  
HEALTH SERVICE EXCELLENCE AWARD**

The MHPAC is appointed by the Governor to serve as a Planning and Advisory Council for the Washington State mental health system. One of the goals of the Planning Council is to support and advocate for quality, cost-effective and individualized services through evidence-based best practice models of care.

The MHPAC has chosen Children and Youth as the focus population for the 2003 awards. Three awards for service excellence will be given for individuals/programs in Washington State:

**Exemplary Service Provider**: One award will be given to a service provider or program that delivers service to seriously emotionally disturbed children and youth.

**Exemplary Individual**: One award will be given to an individual promoting or providing mental health services to seriously emotionally disturbed children and youth.

**Exemplary Advocate**: One award will be given to an individual advocate or group of individuals who support/advocate for the needs of seriously emotionally disturbed children and youth.

**NOTE**: Next year's Awards will be in the area of Co-Occurring Disorders

Any individual or agency within Washington State that provides, advocates or supports mental health services for children and youth with a serious emotional disturbance is eligible for nomination.

### **NOMINEE INFORMATION**

Individual/Agency Name:

Award Category:      ☐ Service Provider  
(check one)              ☐ Individual  
                                 ☐ Advocate

Address:

Contact person:  
Telephone Number:

### **NARRATIVE DESCRIPTION**

1. Attach a one-page description of the program or individual being nominated. Provide a detailed description, including budget, number of persons served and outcomes. Provide specific evidence of best practice.
2. Describe how this best practice could be replicated in other areas of the state.
3. Extra consideration will be given to programs/ individuals serving special populations.

### **EVALUATION PROCESS**

Submit the nomination form and documentation by June 2, 2003 to:  
Kathy Peterson, Mental Health Division,  
PO Box 45320, Olympia, WA 98504-5320  
Fax: 360-902-0809  
e-mail: [burnska@dshs.wa.gov](mailto:burnska@dshs.wa.gov)

A site visit to finalist programs will be made in July 2003. Awards will be presented at the August 13, 2003 Stakeholder Meeting at the SeaTac Holiday Inn.